

<b>Case Number:</b>	CM15-0035751		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	12/03/2009
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40 year old male, who sustained an industrial injury on 12/3/2009. He has reported injuries following a motor vehicle accident. The diagnoses have included post lumbar laminectomy syndrome and lumbar radiculopathy. He is status post laminectomy and discectomy L3-L5 from March 2013 and revision in February 2014, cervical fusion 7/2012, and laminectomy January 2014. Treatment to date has included medication therapy, physical therapy and aquatic therapy. Per the psychiatric evaluation from 11/18/14, the provider documented he is a triple diagnosis beneficiary with chemical dependency difficulties including drug seeking behaviors obtaining pain medication from Emergency Rooms in addition to previously prescribed medications. The plan of care included referral to a detoxification program. Currently, the IW complains of back pain radiating down both legs rated 6.5/10 VAS with medication and 10/10 VAS without medication. The physical examination from 12/3/14 documented limited lumbar Range of Motion (ROM), tenderness L4 and L5, straight leg raising test positive on the left side and sacroiliac spine tenderness. On 2/12/2015 Utilization Review non-certified a detoxification program for opioids, noting the documentation did not support the requirements for medical necessity had been met per MRUS guidelines. On 2/25/2015, the injured worker submitted an application for IMR for review of referral to a detoxification program for opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Referral to detox program for opioids: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, discusses detoxification.

**Decision rationale:** The patient was injured on 12/08/2009 and presents with back pain radiating from the lower back down to both legs. The request is for a REFERRAL TO DETOX PROGRAM FOR OPIOIDS. There is no RFA provided, and the patient is temporarily totally disabled. The report with the request is not provided. MTUS Guidelines, page 42, under the topic "Detoxification," discusses detoxification and states it is recommended as indicated below. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse, or misuse. May be necessary due to the following: intolerable side effects, lack of response, aberrant behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Gradual weaning is recommended for long-term opiate users because opiates cannot be abruptly discontinued without probable risk of withdrawal symptoms. MTUS Guidelines do not discuss the duration or frequency of the program. However, ODG Guidelines, under the pain chapter, discusses detoxification and recommends a medium duration of 4 days. In this case, the report with the request is not provided nor is there any discussion regarding this request. As of 12/03/2014, the patient is taking oxycodone, Cymbalta, gabapentin, and oxymorphone. Review of the reports does not indicate the patient has abuse and dependence on any of his opiates. It would appear that a detox program is appropriate, but the duration of the detox program, and what it entails, for the outpatient/inpatient is not clear with the request. The treater does not provide any specific information regarding the program. ODG Guidelines allow the detox program for a medium duration of 4 days. Therefore, the requested referral to detox program for opioids with unspecified duration IS NOT medically necessary.